

Twelve pediatric patients (mean age 4.3 years) with symptomatic intraventricular ependymal cysts (IVECs) were the subject of this study. The cyst was located inside the [lateral ventricle](#) in all cases (100%), it was present in [trigone](#) (10 patients, 83.3%), and in the [temporal horn](#) (2 patients, 16.7%). Concomitant hydrocephalus was present in two patients (16.7%). All patients underwent operations through a purely endoscopic procedure. Communication of the cyst with the [subarachnoid space](#) was performed in six patients (50%); [endoscopic cystocisternostomy](#) was performed in four patients (33.3%), and [endoscopic cystoventriculostomy](#) in two patients (16.7%).

Postoperative clinical improvement associated with a postoperative reduction in cyst size was encountered in ten patients (83.3%). Improvement of hydrocephalus occurred in both patients who had hydrocephalus (100%). There were no deaths or permanent morbidity. During the follow-up period (mean 44.3 months), none of the patients required a repeat endoscopic procedure due to the recurrence of symptoms or an increase in cyst size.

[Intraventricular ependymal cysts](#) can be effectively treated by endoscopy. [Endoscopic fenestration](#) of the cyst wall into subarachnoid space, basal cisterns, or [ventricular system](#) can be used in the treatment of these patients with postoperative symptomatic improvement and reduction of cyst size. The procedure is simple, effective, minimally invasive, and associated with low morbidity and mortality rates ¹⁾.

¹⁾

El-Ghandour NMF. Endoscopic treatment of intraventricular ependymal cysts in children: personal experience and review of literature. Childs Nerv Syst. 2018 Dec;34(12):2441-2448. doi: 10.1007/s00381-018-3965-9. Epub 2018 Sep 5. PMID: 30187181.

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